

Systematic Alien Verification for Entitlements Program

Section 121 of the Immigration Reform and Control Act of 1986 (IRCA), Public Law 99-603, required a system for verifying the immigration status of immigrants applying for certain types of benefits, including food stamps. The Systematic Alien Verification for Entitlements (SAVE) Program was intended to prevent the issuance of benefits to ineligible immigrants.

Immigrants must submit documentation of their immigration status before eligibility can be determined for food stamps. ([Part VII.F.](#) outlines the categories of eligible immigrants.) Once documentation has been provided by the household, the agency may determine the validity of the documents by comparing the information submitted with current immigration records maintained by the Immigration and Naturalization Service (INS). **The process described in this appendix may also be used to obtain information about an immigrant's sponsor to satisfy the requirements of [Part XII.C.](#)**

Verification is obtained through two processes:

1. Primary verification - a direct access to INS files via telephone or personal computer;
2. Secondary verification - a manual procedure completed in addition to or in place of primary verification via Form G-845S.

If an agency elects to use SAVE to validate the verification provided by the household, verification for immigrants with permanent status should not be resubmitted through SAVE once information has been obtained through SAVE. SAVE should be accessed periodically for immigrants with a temporary or conditional status if an agency elects to use SAVE. In addition, SAVE should be accessed for immigrants when their temporary status expires for information about sponsors.

Primary Verification

Primary verification is the automated method of accessing the Alien Status Verification Index (ASVI), the INS database. SAVE regulations require that automated access to ASVI must be attempted before attempting the manual, paper-trail method of secondary verification. There are some specific instances however, when the secondary verification method must be used without attempting to access ASVI. These reasons are listed in the Secondary Verification section of this Appendix.

ASVI is accessible through the Alien Registration Number (A-Number) which should be displayed on INS documents. ASVI is accessible either by the local agency directly or through regional/central office contact.

Information obtained through the ASVI should be compared with the original immigration document. If discrepancies are noted, the secondary verification process must be initiated. No negative action may be taken on the basis of the automated verification only.

Secondary Verification

The following circumstances require that the local agency skip the use of ASVI and perform secondary verification immediately when:

- Items presented as documentation appear altered or counterfeit;
- Documents have no Alien Registration Number (A-Number);
- Documents contain an A-Number in the A60 000 000 or A80 000 000 series;
- The document presented is any other form of INS fee receipt;
- The document presented is Form I-181 or I-94 in a foreign passport that is endorsed "Processed for I-551, Temporary Evidence of Lawful Permanent Residence," and the I-181 or I-94 is over one year old.
- **The document presented is an INS receipt for an application for a replacement document for a qualified status as listed in [Part VII.F.1.g.](#)**
- **Additional information is needed regarding sponsorship status, including whether the affidavit of support applies to rules prior to or after December 19, 1997, or for the name and address of the sponsor(s).**
- **Documentation is needed to substantiate the status as a victim of abuse.**
- **Expired documents are presented and the immigrant has a physical or mental disability that prevents new documents from being obtained from INS.**

In addition to the situations above, secondary verification should also occur when there is a discrepancy in the records, when there is no INS file for the individual or when there is an ASVI response "Institute Secondary Verification."

Secondary Verification Procedures

1. Complete the top portions of INS form **G-845S**, Document Verification Request **and Supplement**. Separate forms must be completed for each immigrant. A copy of the form follows this section.

2. Staple readable copies (front and back) of original immigration documents to the upper left corner of form G-845. Copies of other documents used to make the initial alien status determination must also be submitted. Other documentation could include marriage records or court documents that indicate the identity or immigration status of the holder.
3. Retain a copy of the completed **G-845S and Supplement** in the case record. Mail the forms to the appropriate INS office, as determined by the listings at the end of this section. Do not send bulk mailings.
4. While awaiting the secondary verification from INS, do not take any negative action against the case or individual on the basis of alien status.
5. Upon receipt of the **G-845S and Supplement**, compare the information with the case record. If eligibility of the alien is confirmed, file the **G-845S and Supplement** in case record. Appropriate action to reduce or terminate benefits must be taken if the verification proves an individual's ineligibility.

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U.S. Department of Justice

OMB #2226-0122

Immigration and Naturalization Service **SAVE**

Document Verification Request

Section A - to be completed by the submitting agency.

To: Immigration and Naturalization Service

6. Verification Number

7. ☐ Photocopy of Document Attached.
(If printed on back, attach a copy of the front and of the back)
☐ Other Information Attached (Specify documents)

From: Typed or Stamped Name and Address Submitting Agency

Attn: Status Verifier

(INS may use above address with a #20 window envelope)

8. (Benefits)	(Year Case Number)
<input type="checkbox"/> AFDC	
<input type="checkbox"/> Education Grant/Loans/Workstudy	
<input type="checkbox"/> Food Stamp	
<input type="checkbox"/> Housing Assistance	
<input type="checkbox"/> Medicaid/Medical Assistance	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Employment Authorization	
<input type="checkbox"/> Other (specify)	

1. Alien Registration or I-94 Numer

2. Applicant's Name (Last, First, Middle)

3. Nationality

4. Date of Birth (Month, Day, Year)

5. Social Security Number

9. Name of Submitting Official

10. Title of Submitting Official

11. Date

12. Telephone Number

Section B - to be completed by INS

1. ☐ This document appears valid and relates to a Lawful Permanent Resident alien of the United States.
2. ☐ This document appears valid and relates to a Conditional Resident alien of the United States.
- 3.. ☐ This document appears valid and relates to an alien authorized employment as indicated below:
- a. ☐ Full-Time
- b. ☐ Part-Time
- c. ☐ No Expiration (Indefinite)
- d. ☐ Expires on _____
(specify Month/Day/Year, below)
4. ☐ This document appears valid and relates to an alien who has an application pending for (specify INS benefits below)
5. ☐ This document relates to an alien having been granted asylum/refugee status in the United States.
6. ☐ This document appears valid and relates to an alien paroled into the United States pursuant to Section 212 of the I&N Act.
7. ☐ This document appears valid and relates to an alien who is a Cuban/Haitian entrant.

8. ☐ This document appears valid and relates to an alien who is a conditional entrant.
9. ☐ This document appears valid and relates to an alien who is a nonimmigrant (specify type or class below)
10. ☐ This document appears valid and relates to an alien not authorized employment in the United States.
11. ☐ Continue to process as legal alien. INS is searching indices for further information.
12. ☐ This document is not valid because it appears to be (check all that apply)
- a. ☐ Expired
- b. ☐ Altered
- c. ☐ Counterfeit

INS Stamp

Comments

13. ☐ No determination can be made from the information submitted. Please obtain a copy of the original alien registration documentation and resubmit.
14. ☐ No determination can be made without seeing both sides of the document submitted (*please resubmit request*).
15. ☐ Copy of document is not readable (*please resubmit request*).

“PRUCOL”

For Purposes Of Determining If Alien Is Permanently Residing Under Color of Law Only!

16. ☐ INS actively pursues the expulsion of an alien in this class/category.
17. ☐ INS is not actively pursuing the expulsion of an alien in this class/category, at this time.
18. ☐ Other

Instructions

- Submit copies of both/front and back of alien’s original documentation.
- Make certain a complete return address has been entered in the “From” portion of the form.
- The Alien Registration Number (“A” Number) is the letter “A” followed by a series of (7) or (8) digits. Also in this block may be recorded the number found on Form I-94. (check the front and back of the I-94 document and if the “A” Number appears, record that number when requesting information instead of the longer admission number as the “A” Number refers to the most integral record available.)
- If Form G-845 is submitted without copies of applicant’s original documentation, it will be returned to the submitting agency without any action taken.
- Address this verification request to the local office of the Immigration and Naturalization Service.

U.S. Department of Justice
Immigration and Naturalization Service

Document Verification Request Supplement

TO BE COMPLETED BY THE SUBMITTING AGENCY

To: Immigration and Naturalization Service

Date _____

Applicant's Name (*Last, First, Middle*) _____

Social Security Number _____

Alien Registration Number or I-94 Number _____

FROM: Typed or Stamped Name and Address of Submitting Agency _____

Telephone(____) _____

Complete the following items: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6 ☐ #7

TO BE COMPLETED BY INS

1. IMMIGRATION STATUS (check all that apply):

From the document or information submitted and/or a review we find that the person identified is a/an:

- ☐ a. Lawful Permanent Resident alien of the United States.
(Complete b,c,d,g,h, or I if alien adjusted to LPR status from one of those statuses in the past 7 years.)
- ☐ b. Refugee admitted to the United States under Section 207 of the INA. (Complete Item 2 below.)
- ☐ c. Asylee under Section 208 of the INA. (Complete Item 3 below.)
- ☐ d. Alien whose deportation has been withheld under sections 243(b) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under section 241(b)(3).
- ☐ e. Alien paroled into the United States under Section 212(d) (5) of the INA for a period of at least 1 year.
(compare Items 3 and 4 below.)
- ☐ f. Conditional Entrant pursuant to Section 203(a)(7) of the INA in effect prior to April 1, 1980.
- ☐ g. American Indian born in Canada to whom the provisions of Section 289 of the INA apply.
- ☐ h. Cuban/Haitian Entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980.
(Compare Item 3 below)
- ☐ i. Amerasian immigrant, pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriation Act of 1988. (Complete Item 2 below.)
- ☐ j. Other (indicate status): _____

2. Date Alien entered the United States _____

3. Date status was granted: _____

4. Date status expires: _____

5. CITIZEN STATUS:

- ☐ This document appears valid and relates to a United States citizen.

6. SPECIAL BENEFIT PROVISIONS FOR CERTAIN VICITMS OF ABUSE:

- ☐ a. This alien obtained Lawful Permanent (or Conditional) Resident Status as the spouse, child, or widow(er) of a U.S. citizen.
- ☐ b. This alien obtained a Lawful Permanent (or Conditional) Resident Status as the spouse, child, or unmarried son or daughter of a lawful permanent resident alien.
- ☐ c. This alien did not obtain status as described in (a) or (b).

TO BE COMPLETED BY INS

7. AFFIDAVIT OF SUPPORT:

- ☐ a. This alien was sponsored on Form I-864. Affidavit of Support under Section 213A of the INA. Service receipt date _____ (Complete Item 3 on page 1.)
- ☐ b. This alien was not sponsored on Form I-864.

Name of Sponsor	Name of Joint Sponsor(s) (if any)
Sponsor's Social Security Number	Joint Sponsor's Social Security Number
____-____-____-____	____-____-____-____
Sponsor's Address	Joint Sponsor Address
_____	_____
_____	_____
_____	_____
_____	_____
	<input type="checkbox"/> See reverse for information on additional joint sponsor(s).

INS Stamp

- This supplement may be used in conjunction with Form G-845 to request verification; it cannot be used alone. It reflects information that may be relevant to eligibility for Federal, State, and local public benefits under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193.*

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Agencies Corresponding to INS, 4420 North Fairfax Dr., Arlington, VA 22203:

Albemarle	Fairfax	Orange
Alexandria	Fauquier	Page
Alleghany/Covington/ Clifton Forge	Floyd	Patrick
	Fluvanna	Pittsylvania
Amherst	Franklin County	Prince William
Appomattox	Frederick	Pulaski
Arlington	Galax	Radford
Bath	Giles	Rappahannock
Bedford	Grayson	Roanoke City
Bland	Greene	Roanoke County
Botetourt	Halifax	Rockbridge Area
Bristol	Harrisonburg/Rockingham	Russell
Buchanan	Henry/Martinsville	Scott
Buckingham	Highland	Shenandoah
Campbell	King George	Smyth
Carroll	Lee	Stafford
Charlotte	Loudoun	Staunton/Augusta
Charlottesville	Lynchburg	Tazewell
Clarke	Madison	Warren
Craig	Manassas	Washington
Culpeper	Manassas Park	Waynesboro
Cumberland	Montgomery	Winchester
Danville	Nelson	Wise
Dickenson	Norton	Wythe

Agencies Corresponding to INS, Norfolk Commerce Park, 5280 Henneman Drive,
Norfolk, VA 23513.

Accomack	Hopewell	Petersburg
Amelia	Isle of Wight	Portsmouth
Brunswick	James City	Powhatan
Caroline	King and Queen	Prince Edward
Charles City	King William	Prince George
Chesapeake	Lancaster	Richmond City
Chesterfield/Colonial Heights	Louisa	Richmond County
Dinwiddie	Lunenburg	Southampton
Essex	Mathews	Spotsylvania
Franklin City	Mecklenburg	Suffolk
Fredericksburg	Middlesex	Surry
Gloucester	New Kent	Sussex
Goochland	Newport News	Virginia Beach
Greensville/Emporia	Norfolk	Westmoreland
Hampton	Northampton	Williamsburg
Hanover	Northumberland	York/Poquoson
Henrico	Nottoway	